



FARJAMI & FARJAMI LLP
AN INTELLECTUAL PROPERTY LAW FIRM

www.farjami.com

RECEIVED
CENTRAL FAX CENTER

DEC 28 2004

26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date: December 28, 2004

To: United States Patent and Trademark Office
Examiner: Thomas L. Dickey; Art Unit: 2826

Fax: (703) 872-9306

Re: **Application Serial No.: 10/057,731**
Filing Date: 1/24/2002; First Named Inventor: Janesick, J.
Attorney Docket No.: 01901071

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Response to the Final Office Action dated November 3, 2004 and six (6) drawings Replacement Sheets.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

Attorney Docket No.: 01901071

AMENDMENT COVER SHEETIN RE APPLICATION OF: Janesick, J.SERIAL NO.: 10/057,731 FILED: January 24, 2002FOR: Imager Cell With Pinned Transfer Gate

Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:


| | Column 1 | Column 2 | Column 3 | | | |
|------------------------------------------------|----------------------------------------|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 48 | MINUS **71 | * = 0 | x 50 | x 25 | \$ |
| INDEPENDENT | 6 | MINUS ***9 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 01901071

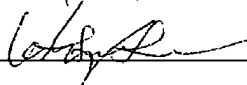
- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/28/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date: 12/28/04

Signature



Name of Person Performing Facsimile Transmission

LESLIE L LAM

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee

Attorney Docket No.: 01901071

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Janesick, J.SERIAL NO.: 10/057,731 FILED: January 24, 2002FOR: Imager Cell With Pinned Transfer Gate

Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|------------------------------------------------|----------------------------------------|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 48 | MINUS **71 | * = 0 | x 50 | x 25 | \$ |
| INDEPENDENT | 6 | MINUS ***9 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 01901071

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/28/04By: 

Michael Farjami, Reg. No. 38,135

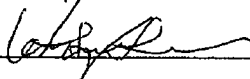
CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

12/28/04

Signature



Name of Person Performing Facsimile Transmission

LESLIE L LAM

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee